Bureau of Licensure and Certification

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION              |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:   |   | A. BUILDING         | PLE CONSTRUCTION  | 1 ' '                             | (X3) DATE SURVEY<br>COMPLETED |  |  |
|--|--|--|---|---------------------|---|-----------------------------------|-------------------------------|--|--|
|  |  | NVN3873AGC   |   | B. WING             |   | 08/                               | 18/2008                       |  |  |
| NAME OF PROVIDER OR SUPPLIER  CENTER FOR HOPE OF THE SIERRAS LLC |  | RAS LLC  | STREET ADDRESS, CITY, STATE, ZIP CODE  1453 PASS DRIVE RENO, NV 89509 |                     |   |                                   |                               |  |  |
| (X4) ID<br>PREFIX<br>TAG   | (EACH DEFICIENC  | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FU<br>LSC IDENTIFYING INFORMAT  |   | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF<br>(EACH CORRECTIVE AC'<br>CROSS-REFERENCED TO<br>DEFICIEN | TION SHOULD BE<br>THE APPROPRIATE | (X5)<br>COMPLETE<br>DATE      |  |  |
| Y 000  | This Statement of De a result of the annual conducted in your fact Licensure survey was of NRS 449.150, Pow The facility is licensed for Group beds for per Category I residents the survey was four.                              | ficiencies was generate State Licensure surversility on 8/18/08. This Sistemates are conducted by the authors of the Health Divisor  | y<br>State<br>nority<br>ion.<br>cility<br>ness,<br>ne of              | Y 000               |   |                                   |                               |  |  |
| Y 103<br>SS=F  | NAC 449.200  1. Except as otherwis a separate personnel member of the staff of   | nnel File - NAC 441A se provided in subsection file must be kept for each of a facility and must income the second | ach<br>clude:   | Y 103               |   |                                   |                               |  |  |
|  | NAC 441A.375 Medic dependent and home care: Management of cases; surveillance a counseling and preversible to have to facility or a facility for managed in accordar Centers for Disease (adopted by reference subsection 1 of NAC | erculosis or suspected of uberculosis in a medical the dependent must be not with the guidelines Control and Prevention in paragraph (h) of 441A.200.  | r the tial s; case l e of the as                                      |                     |   |                                   |                               |  |  |
| If deficiencies  | are cited, an approved plan  | of correction must be returned   | ed within 10 day  | s after receipt o   | f this statement of deficiencies.   |                                   | (X6) DATE                     |  |  |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

PRINTED: 09/30/2008 FORM APPROVED Bureau of Licensure and Certification STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVN3873AGC 08/18/2008 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1453 PASS DRIVE CENTER FOR HOPE OF THE SIERRAS LLC **RENO. NV 89509** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Y 103 Continued From page 1 Y 103 2. A medical facility, a facility for the dependent or a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have (a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and (b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination. If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter,

unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is

appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the

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Based on record review on 8/18/08, the facility did not ensure 3 of 10 employees met the requirements of NAC 441.375 concerning

Employee #6 - Hire date was 10/5/06. The employee's file contained a one-step TB skin test dated 5/20/07 that was not read. The file also

tuberculosis (TB).

Findings include:

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|                          | OF DEFICIENCIES<br>F CORRECTION  | (X1) PROVIDER/SUPPLIER/GIDENTIFICATION NUMB   |                         | (X2) MULTIF         | PLE CONSTRUCTION  | (X3) DATE SU<br>COMPLET |                          |
|--------------------------|--|---|-------------------------|---------------------|---|-------------------------|--------------------------|
|                          |  | NVN3873AGC  |                         | B. WING             |   | 08/1                    | 8/2008                   |
| NAME OF PR               | ROVIDER OR SUPPLIER  |   | STREET ADD              | RESS, CITY, STA     | ATE, ZIP CODE   |                         | 0.2000                   |
| CENTER F                 | FOR HOPE OF THE SIER   | RAS LLC   | 1453 PASS<br>RENO, NV   |                     |   |                         |                          |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC)   | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULSE IDENTIFYING INFORMAT  |                         | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) |                         | (X5)<br>COMPLETE<br>DATE |
| Y 103                    | Continued From page  | e 3   |                         | Y 103               |   |                         |                          |
|                          | 2/29/08. For the emp 441A.375, the employ one-step TB skin test with the 2/29/08 test t skin test. | e-step TB skin test rea<br>bloyee to comply with N<br>yee needs an additiona<br>This test can be com<br>to qualify as a two-step<br>in a physical examination | AC<br>Il<br>bined<br>TB |                     |   |                         |                          |
|                          | a statement from a ph<br>was in a state of good  | hysician that the emplo<br>d health, was free from<br>her disease in a contag   | yee                     |                     |   |                         |                          |
|                          | employee file did not<br>examination or a state<br>the employee was in                             | ate was 10/22/07. The contain a physical ement from a physiciar a state of good health, nd any other disease in   | that<br>was             |                     |   |                         |                          |
|                          | the employee was in  |   | was                     |                     |   |                         |                          |
|                          | This was a repeat def  | ficiency from the 8/29/0<br>re survey.  | )7                      |                     |   |                         |                          |
|                          | Severity: 2 Scope: 3   | 3   |                         |                     |   |                         |                          |
| Y 171<br>SS=C            | 449.209(1)(b) Health   | and Sanitation-Local L  | aws                     | Y 171               |   |                         |                          |
|                          | federal laws and regu  | y must:<br>cal ordinances and stat<br>llations relating to zonin<br>ty to persons with disal  | ng,                     |                     |   |                         |                          |

Bureau of Licensure and Certification

|                          | OF DEFICIENCIES<br>F CORRECTION  | (X1) PROVIDER/SUPPLIER/C<br>IDENTIFICATION NUMBE  |                              | (X2) MULTIP         | LE CONSTRUCTION   | (X3) DATE SUF<br>COMPLETI |                          |
|--------------------------|--|---|------------------------------|---------------------|---|---------------------------|--------------------------|
|                          |  | NVN3873AGC  |                              | B. WING             |   | 08/18                     | 3/2008                   |
| NAME OF PR               | OVIDER OR SUPPLIER   |   | STREET ADDR                  | RESS, CITY, STA     | TE, ZIP CODE  | 00/11                     |                          |
| CENTER F                 | FOR HOPE OF THE SIER   | RAS LLC   | 1453 PASS<br>RENO, NV 8      |                     |   |                           |                          |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC)   | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATI   |                              | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTI<br>(EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPROI<br>DEFICIENCY) | .D BE                     | (X5)<br>COMPLETE<br>DATE |
| Y 171                    | Continued From page  | e 4   |                              | Y 171               |   |                           |                          |
|                          | and safety.  |   |                              |                     |   |                           |                          |
|                          | Based on observation failed to maintain a current failed for the failed fai |   | ss<br>s<br>nad<br>ess<br>met |                     |   |                           |                          |
| Y 920<br>SS=C            | 449.2748(1) Medicati   | on Storage  |                              | Y 920               |   |                           |                          |
|                          | NAC 449.2748  1. Medication, including over-the-counter medications are stored at a residential facility must be stored area that is cool and coaregivers employed shall ensure that any medical or diagnostic may be misused or all resident or any other person is protected. Next external use only must locked area separate medications. A reside of administering medication in counter person is protected.   | In a locked dry. The by the facility medication or equipment that opropriated by a unauthorized Medication for est be kept in a from other ent who is capable | ny                           |                     |   |                           |                          |

Bureau of Licensure and Certification

| LAND DIAM OF CODDECTION               |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   |                                     | (X2) MULTIPLE CONSTRUCTION  A. BUILDING |  | (X3) DATE SURVEY<br>COMPLETED |                          |
|---------------------------------------|--|---|-------------------------------------|---|--|-------------------------------|--------------------------|
|                                       |  | NVN3873AGC  |                                     | B. WING                                 |  | 08/1                          | 8/2008                   |
| NAME OF PROVIDER OR SUPPLIER STREET A |  |   | STREET ADD                          | RESS, CITY, STA                         | ATE, ZIP CODE  | •                             |                          |
| CENTER I                              | FOR HOPE OF THE SIER   | RAS LLC   | 1453 PASS<br>RENO, NV               |   |  |                               |                          |
| (X4) ID<br>PREFIX<br>TAG              | (EACH DEFICIENC  | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FU<br>LSC IDENTIFYING INFORMAT   |                                     | ID<br>PREFIX<br>TAG                     | PROVIDER'S PLAN OF CORREC<br>(EACH CORRECTIVE ACTION SHOU<br>CROSS-REFERENCED TO THE APPR<br>DEFICIENCY) | JLD BE                        | (X5)<br>COMPLETE<br>DATE |
| Y 920                                 | Continued From page  | e 5   |                                     | Y 920                                   |  |                               |                          |
|                                       | without supervision medication in his room medication is kept in container for which the been provided a key.  | m if the<br>a locked<br>ne facility has   |                                     |   |  |                               |                          |
| Y 936<br>SS=F                         | Based on observation failed to store externation or all medications.  Findings include:  Resident #4's medicatubes of Analpram we with three oral medicatubes of Analpram has severity: 1 Scope: 3  449.2749(1)(e) Residual NAC 449.2749  1. A separate file must resident of a resident least 5 years after he facility. The file must that is resistant to fire unauthorized use. The records, letters, asseinformation and any of the resident, including | ations were inspected. ere observed being storation bottles. One of the deen opened and uses  dent file  est be maintained for earlial facility and retained permanently leaves the be kept locked in a place and is protected again the file must contain all symmetrical other information related without limitation:  diance with the provision and the regulations | Two red ne ed.  ch for at e ace nst | Y 936                                   |  |                               |                          |

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(b) Within 24 hours after a person, including a person with a history of bacillus Calmette-Guerin (BCG) vaccination, is admitted to the facility or home, ensure that the person has a tuberculosis screening test, unless there is not a person qualified to administer the test in the facility or home when the patient is admitted. If there is not a person qualified to administer the test in the facility or home when the person is admitted, the staff of the facility or home shall ensure that the test is performed within 24 hours after a qualified

PRINTED: 09/30/2008 FORM APPROVED Bureau of Licensure and Certification STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVN3873AGC 08/18/2008 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1453 PASS DRIVE CENTER FOR HOPE OF THE SIERRAS LLC **RENO. NV 89509** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Y 936 Continued From page 7 Y 936 person arrives at the facility or home or within 5 days after the patient is admitted, whichever is sooner. (c) If the person has only completed the first step of a two-step Mantoux tuberculin skin test within the 12 months preceding admission, ensure that the person has a second two-step Mantoux tuberculin skin test or other single-step tuberculosis screening test. After a person has had an initial tuberculosis screening test, the facility or home shall ensure that the person has a single tuberculosis screening test annually thereafter, unless the medical director or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the quidelines as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. A person with a documented history of a positive tuberculosis screening test is exempt from skin testing and routine annual chest radiographs, but the staff of the facility or home shall ensure that the person is evaluated at least annually for the presence or absence of symptoms of tuberculosis. 4. If the staff of the facility or home determines

that a person has had a cough for more than 3 weeks and that he has one or more of the other symptoms described in paragraph (a) of

subsection 2, the person may be admitted to the facility or home if the staff keeps the person in respiratory isolation in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200 until a health care provider determines whether the person has active tuberculosis. If the staff is not

PRINTED: 09/30/2008 FORM APPROVED Bureau of Licensure and Certification STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVN3873AGC 08/18/2008 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1453 PASS DRIVE CENTER FOR HOPE OF THE SIERRAS LLC **RENO. NV 89509** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Y 936 Continued From page 8 Y 936 able to keep the person in respiratory isolation. the staff shall not admit the person until a health care provider determines that the person does not have active tuberculosis. 5. If a test or evaluation indicates that a person has suspected or active tuberculosis, the staff of the facility or home shall not admit the person to the facility or home or, if he has already been admitted, shall not allow the person to remain in the facility or home, unless the facility or home keeps the person in respiratory isolation. The person must be kept in respiratory isolation until a health care provider determines that the person does not have active tuberculosis or certifies that, although the person has active tuberculosis, he is no longer infectious. A health care provider shall not certify that a person with active tuberculosis is not infectious unless the health care provider has obtained not less than three consecutive negative sputum AFIB smears which were collected on separate days. 6. If a test indicates that a person who has been or will be admitted to a facility or home has active tuberculosis, the staff of the facility or home shall ensure that the person is treated for the disease in accordance with the recommendations of the Centers for Disease Control and Prevention for the counseling of, and effective treatment for, a person having active tuberculosis. The recommendations are set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.

7. The staff of the facility or home shall ensure that counseling and preventive treatment are offered to each person with a positive

tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.

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| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE CONSTRUCTION A. BUILDING | (X3) DATE SURVEY |  |
|---------------------------|-----------------------------|--|------------------|--|
| AND PLAN OF CORRECTION    | IDENTIFICATION NUMBER:      |  | COMPLETED        |  |
|                           | NVN3873AGC                  | B. WING                                | 08/18/2008       |  |

STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER

| CENTER FOR HOPE OF THE SIERRAS LLC  |  | 1453 PASS DRIVE<br>RENO, NV 89509 |                     |  |                         |  |  |
|---|--|-----------------------------------|---------------------|--|-------------------------|--|--|
| (X4) ID SUMMARY STATEMENT OF DEFICIENCII PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY TAG REGULATORY OR LSC IDENTIFYING INFORM |  | ULL                               | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLET<br>DATE |  |  |
| Y 936   | Continued From page 9  |                                   | Y 936               |  |                         |  |  |
|   | 8. The staff of the facility or home shall ensuthat any action carried out pursuant to this sand the results thereof are documented in the person's medical record.  (Added to NAC by Bd. of Health, eff. 1-24-9 3-28-96; R084-06, 7-14-2006)  | section<br>he                     |                     |  |                         |  |  |
|   | Based on record review on 8/18/08, the faci<br>did not ensure that 1 of 4 residents had rece<br>the required tuberculosis (TB) skin testing.   | ·                                 |                     |  |                         |  |  |
|   | Findings include:  |                                   |                     |  |                         |  |  |
|   | Resident #4- Date of admission 7/23/07. The resident's file contained documentation the resident completed the required two-step Tetesting on 8/3/07. The file did not contain put the resident received an annual one-step Tetest by 8/3/08.  | 3 skin<br>roof                    |                     |  |                         |  |  |
|   | This was a repeat deficiency from the 7/25/0 and 8/29/07 annual State Licensure surveys  |                                   |                     |  |                         |  |  |
|   | Severity: 2 Scope: 3   |                                   |                     |  |                         |  |  |
| Y 940<br>SS=C   | 449.2749(1)(g)(3) Resident file  |                                   | Y 940               |  |                         |  |  |
|   | NAC 449.2749  1. A separate file must be maintained for earesident of a residential facility and retained least 5 years after he permanently leaves the facility. The file must be kept locked in a plathat is resistant to fire and is protected again unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related the resident, including without limitation: | for at<br>ne<br>ace<br>nst        |                     |  |                         |  |  |

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